PATENT APPLICATION FEE DETERMINATION RECORD Efféctive October 1, 2003

Application or Docket Number

10786459

Effective October 1, 2003								(0.700433)					
												R THAN ENTITY	
	TOTAL CLAIM	1 30	30				RATE	FEE]	RATE	FEE .		
FOR			NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC FE	€ 385.00	OR	BASIC FEI	770.00	
7	OTAL CHARGE	30 1	30 minus 20=		· 10		X\$ 9=	90.	OR	X\$18=	ļ		
!	DEPENDĖŅT		1			ф···		X43=		OR	. X86=	•	
MULTIPLE DEPENDENT CLAIM PRESENT] [. +145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	425	OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column							L	SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A	8/14/80	CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	. ADDI- TIONAL FEE	
NON	Total	1.30	Minus	1-3	0.	= 0		X\$ 9=		OR	X\$18=		
AME	Independent	ENTATION OF M	Minus ULTIPLE DI	PENDENT	CÍ AIM	- U		X43=		OR	X86=		
								+145=		OR	+290=		
	•						A	TOTAL DOIT. FEE		OR	TOTAL ADOIT. FEE	,	
	•	(Column 1)	·	(Colum		(Column 3)					No		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER JSLY.	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	*	Minus	e4 ·		=		X\$ 9=		OR	X\$18=		
AME	Independent	<u> -</u>	Minus	444		-		X43=		OR	X86=		
لــ	FIRST PRESE	NTATION OF MI	JETIPLE DE	PENDENT	CLAIM			+145=		OR	+290=	•	
٠										OR ,	TOTAL ODIT, FEE	·	
		(Column 1)		(Column	1 2)	(Column 3)		DIT. FEE		Š			
וו		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHES NUMBE PREVIOU PAID FO	ST :R :SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total .		Minus	**		=	;	X\$ 9=		OR	X\$18=	•	
. L	Ind epen dent	*	Minus	444		=	;	X43=		OR	X86=		
1	FIRST PRESE	-			~`` `								
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20," ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
		per Previously Paid				ighesI number			·				
								ad Yeadons	th Office 1:5	0000	THE OF C	OWNERCE	